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Original Research Article

Outcome of self administered medical abortion pills by patients

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ABSTRACT

Background: Study of complication rate in patients presenting in Gynaec OPD after consuming self-prescribed medical abortion pills for unwanted pregnancies. Unchecked sale of Mifepristone and Misoprostol from pharmacies without prescription is giving rise to new emergencies in Gyn and Obs OPDs, which need to be urgently looked after by the authorities and public awareness regarding its abuse.

Methods: 200 patients of reproductive age group from 17 yrs to 42 yrs over a period of 2 years from Apr 2014-Apr. 2016, who presented after consuming abortion pills, themselves, purchased over the counter from various pharmacies. Presenting complaints and complications were recorded and procedures required were analysed.

Results: Significant percentage of patients landing into severe anemia, sepsis, incomplete abortions. Two patients required surgery for ruptured ectopic and one diagnosed as hydatiform mole, 3 pregnancies continued to second trimester.

Conclusions: The high rate of medical complications occurring due to absence of medical surveillance of such patients and due to lack of protocol of Gynaec examination and ultrasound, it is highly recommended to have a better control over the unabated sale of these drugs at the pharmacies.

Keywords: Medical abortion, Abortion pills, Unwanted pregnancies

INTRODUCTION

Despite legal ban on sale of medical abortion pills (Mifepristone, Misoprostol) over the pharmacy counter directly to patients without prescription, is taking a high toll on health of reproductive age group females.¹ This is due to illegal sale by chemists without prescription and Patient's consume these drugs without knowing the health hazards of these drugs, if not taken under medical supervision and land up into considerable complications.²

It's seen in Gynaec OPD frequently that self-consumption is being done by patients overlooking the gestational period of pregnancies. Prescription by non-allopath doctors, quacks, nurses is very common which is often erratic and adding on this menace. Our colleagues

of the same faculty need to address these problems to the authorities and increase public awareness regarding its abuse.³

METHODS

Retrospective study of 200 female patients presenting with complications due to self-consumption of abortion pills without prescription from Apr. 2014 to Apr. 2016. A detailed history of complaints and duration at which the abortion pills were taken, were recorded. Investigations and ultrasound were done for the patients. All the procedures which were required for these complications were analysed.

Table 1: Patients presentation profile.

Age	No. of patients	Period of gestation (pills taken)	Complaints
<19 Yrs	20	6 weeks	Heavy bleeding P/V
20-24 Yrs	50	6-9 weeks	Irregular bleeding, Pain abdomen
25-29 yrs	80	5-12weeks	Bleeding, Continued pregnancy in 2
30-34 yrs	20	5-12weeks	Irregular bleeding, Pain, Profuse haemorrhage
35-39yrs	26	5-11 weeks	Profuse bleeding, Pain
>40 Yrs	04	5-9weeks	Profuse bleeding, Pain

RESULTS

Total 200 patients who had consumed mifepristone and misoprostol purchased without prescription and reporting to gynae OPDs with various complaints. Significant percentage of patients landing into severe anemia, sepsis, incomplete abortions. Two patients required surgery for ruptured ectopic and one diagnosed as hydatiform mole and 3 pregnancies continued to second trimester as observed in Table 2.

Table 2: Complaints and procedure required.

No	Complications	Percentage	Treatment received
1.	Incomplete abortion	75%	Evacuation
2.	Shock due to profuse bleeding	04%	Evacuation, Blood transfusion
3.	Ectopic pregnancy	02%	Surgical management
4.	Hydatiform mole	01%	D and C, Blood transfusion, Biopsy
5.	Sepsis	05%	Antibiotic, D and C
6.	Severe anaemia	60%	Oral haematimnics, Blood trans
7.	Continued pregnancy	03%	II nd trimester termination

DISCUSSION

Unwanted pregnancy is still very common in Indian reproductive age females, forcing them to resort to medical abortion pills, purchased without prescription, landing them into various health hazards and life threatening emergencies. Without medical surveillance, examination and ultrasound the complication rates multiply many fold, poor strata females in order to avoid medical bills, frequently get involved in this health hazard.² These abortion pills are not taken according to the protocol which leads to significant number of incomplete abortions and continued pregnancy.^{3,4} Spreading of public awareness in media, conferences, seminars, ladies clubs and patients visiting us about self-consumption of these drugs leading to their abuse and health hazards is the need to the day.⁵ The sale of these

drugs at pharmacies without prescription should be regulated and checked.⁶⁻⁹ Many a times important aborted tissue for histopathology in hydatiform mole is lost due to bleeding at home and patients presenting later at Gynaic OPD, pregnancies, continuing to persist even after pills leading to 2nd trimester abortions with its added health hazard is also very common.¹⁰⁻¹⁵

CONCLUSION

Patients should visit Gynaecologist for all unwanted pregnancies so that medical investigation protocol can be followed before medical abortion. The complication rate is too high to be ignored.

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